



Bernalillo County Housing Department

1900 Bridge Blvd., SW
Albuquerque, New Mexico 87105
(505) 314-0200
Fax (505) 842-8149



TO: ALL APPLICANTS

FROM: Richard G. Chavez

DATE: September 9, 2005

RE: Waiting List Applications

Applications must be entirely completed and contain the needed **COPIES** of the required documentation. Our office **does not** provide copies. Completed applications will be accepted Monday thru Friday between the hours of 7:00 am and 6:00pm on non-holiday weeks. The week of a holiday the office will be open from 8:00AM to 5:00PM.

Once your application is accepted, it will be put into the waiting list on our computer. **IT WILL BE YOUR RESPONSIBILITY TO CALL ONCE A MONTH AND ONLY ONCE A MONTH FOR YOUR STATUS.** Once you have received written notification that your application has been processed onto our waiting list, you may request your waiting list position. You can check your status by **calling our office on a monthly basis** Monday thru Friday from 8:00am thru 6:00pm.

Make sure to hold on to this page as it will be date and time stamped and will be your proof that you have submitted your application.

If you have any questions regarding your status on the waiting list or other questions about your application, please call 314-0200.



Equal Housing Opportunity

INSTRUCTIONS FOR COMPLETING HOUSING APPLICATION

WE REQUIRE A COPY OF THE FOLLOWING INFORMATION ON ALL HOUSEHOLD MEMBERS THAT ARE LISTED ON YOUR APPLICATION. NO ORIGINALS – COPIES ONLY

IDENTIFICATION VERIFICATION

PROOF OF BIRTH:

Copies of Birth Certificates, Baptismal Certificates, or other acceptable third party verification are required.

SOCIAL SECURITY NUMBERS:

A verification of Social Security number is required. If the Social Security card is not available a document with the number printed on it is acceptable (drivers license, Medicaid card).

MARRIAGE LICENSE/DIVORCE PAPERS:

If you are married or divorced, please bring copies of these documents. *

PROOF OF RESIDENCY:

If you or any family members are not a citizen please provide a copy of that individuals Resident Card.

VERIFICATION OF INCOME

If any household members over the age of 18 are working, you must statement from his/her employer to include his/her pay per hour, average hours worked per week, overtime (if any), commissions and tips, or at least four check stubs. *

If any of your household members receive TANF (welfare) or General Assistance we need a computer printout from the caseworker. *

If any of your household members receive or pay Child Support, we need a copy of the divorce papers stating the amount of Child Support that is paid or received. If the Child Support Enforcement Bureau handles this we need a computer printout from the caseworker. *

If any of your household members receive Social Security, SSI, VA Pension, retirement pension, or other pension, we should have an award letter from the agency from which this income is received. *

If any of your household members receive any education grants or loans, we need a statement from the financial counselor to include the amount of the grant/loan and any expenses (i.e. tuition, books/supplies, transportation, etc.) If there is work/study, we need a statement to include pay and hours. *

If any of your household members are self-employed, we need copies of Income Tax Records. *

If any of your household members receive unemployment compensation or workman's compensation, we need a statement from the agency from which this income is received. *

ASSET INCOME

If any of your household members have a savings account, checking account, Certificate of Deposit (CD), bonds, etc., with a balance of \$5,000 or more, we need a statement from the financial institution including the amount in any account(s) and the amount of interest accrued on any account(s). *

If any of your household members own property, we need a current appraisal and any liability on this property. If rent is received for this property, we need a copy of the lease, or a notarized statement stating how much is received monthly. *

If property has been sold in the last two years. We need copies of all transactions regarding the sale. *

*** If these documents are not submitted at time application is returned, they are required at time of final screening.**

OFFICIAL USE ONLY:

_____ PP _____ DESC. _____ ENTRY INITIAL _____ DATE

INSTRUCTIONS: Print all information as neatly and completely as possible. Refer to back sheet for instructions.

**BERNALILLO COUNTY HOUSING DEPARTMENT
APPLICATION FOR HOUSING**

Name _____ Date of Birth _____ SS# _____

Last

First

What is your status? (Check one) _____ Married _____ Never Married _____ Divorced _____ Separated _____ Widowed

If you checked Married, what is your spouse's name? _____

What is your race? (Check one) _____ White _____ Black _____ Native American _____ Asian

What is your ethnicity? (Check one) _____ Hispanic _____ Non-Hispanic

Your Address _____
Street # _____ Street Name _____ (NE, SE, NW, SW) Apt. # _____

City _____ State _____ Zip _____

Mailing Address _____
Street # _____ Street Name _____ (NE, SE, NW, SW) Apt. # _____

City _____ State _____ Zip _____
(If different from above)

Phone: Home _____ Work _____ Message/Cell _____

Who can we contact in case of emergency? (Different from above)

1) Name _____ Phone _____

2) Name _____ Phone _____

List all household members who will be living with you if you receive housing assistance

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>	<u>SEX</u>	<u>U.S Citizen Yes/No</u>	<u>DATE OF BIRTH</u>	<u>SOCIAL SECURITY #</u>
		SELF					

(If additional members need to be added, supply on a separate sheet)

Are you elderly (over 62)? ____ Yes ____ No

Are you, your spouse, or any household members disabled/handicapped?

____ Yes ____ No If yes: (Name(s) 1. _____ 2. _____ z

Do you claim any of the following? ____ Mobility impairment ____ Hearing impairment
____ Sight impairment ____ Wheelchair bound

Are you a part-time student with a part/full-time job? ____ Yes ____ No

Are you, your spouse, or any household member over the age of 18 a full time student? ____ Yes ____ No

If yes: Name(s) _____ School _____

Income:

Do you, your spouse, or any household member (over the age of 18) work?

____ Yes ____ No

If yes: Name _____ Name _____

Employer _____ Employer _____

Monthly Income \$ _____ Weekly Income \$ _____ Hours worked per week _____ Start Date ____/____/____

BI-Weekly Income \$ _____ Hourly Income \$ _____ Gross Annual Income \$ _____

Name _____

Employer _____

Monthly Income \$ _____ Weekly Income \$ _____ Hours worked per week _____ Start Date ____/____/____

BI-Weekly Income \$ _____ Hourly Income \$ _____ Gross Annual Income \$ _____

Do you, your spouse, or any household member over the age of 18 receive any type of Welfare Assistance?
(This includes General Assistance) ____ Yes ____ No

If yes: Name _____ Monthly Amount \$ _____

Name _____ Monthly Amount \$ _____

Do you, your spouse, or any household members over the age of 18 receive Child Support?

____ Yes ____ No If yes: Name _____ Monthly Amount \$ _____

Do you, your spouse, or any household members over the age of 18 pay Child Support?

____ Yes ____ No If yes: Name _____ Monthly Amount \$ _____

Do you, your spouse, or any household members receive Social Security, SSI, VA Pension, or any other type of retirement or disability pension? ____Yes ____No

If yes:

Name of Recipient _____ Monthly Amount \$ _____

What Type: Social Security ____ SSI ____ VA Pension ____ Retirement Pension ____ other ____

Name of Recipient _____ Monthly Amount \$ _____

What Type: Social Security ____ SSI ____ VA Pension ____ Retirement Pension ____ other ____

If you, your spouse, or any household members over the age of 18 are students, do you receive any type of grants/loans?
____Yes ____No

If yes: Name of Recipient _____ Type of Grant/Loan _____

Are you, your spouse, or any household members over the age of 18 self-employed?

____Yes ____No If yes: Name of Person: _____

Type of Business _____

Monthly Income after Expenses _____

Do you, your spouse, or any household members receive unemployment compensation or workman's compensation?
____Yes ____No

If yes: Name of Recipient _____ SS# _____

Monthly amount \$ _____

Assets:

Do you, your spouse, or any household members have any savings accounts, bonds, or Certificates of Deposits (CD's) over \$5,000?
____Yes ____No

If yes: Name(s) on Account _____

Average monthly balance _____ Average monthly balance _____

Name of bank/credit union _____ Name of bank/credit union _____

Account # _____ Account # _____

Do you, your spouse, or any household members have a checking account? ____Yes ____No

If yes: Name(s) on Account _____

Name(s) on Account _____

Average monthly balance _____ Average monthly balance _____

Name of bank/credit union _____ Name of bank/credit union _____

Account # _____ Account # _____

Do you, your spouse, or any household members own any property? ____Yes ____No

If yes: Explain _____

Have you, your spouse or any household members sold any property in the last two- (2) years? ____Yes ____No

If yes: Explain _____

Have you, your spouse, or any household members over the age of 18 ever applied here or for any other Housing Authority before?

____ Yes ____ No If yes: Name _____ How long ago _____

Name _____ How long ago _____

Have you, your spouse, or any household members over the age of 18 ever received any type of rental assistance from us or any other agency? ____ Yes ____ No

If yes: Name _____ Address _____

How long ago _____ Name of Agency _____

Are you a U.S. Citizen? ____ Yes ____ No

Are you a legally registered alien? ____ Yes ____ No

Have you or any household members ever been involved in any alleged Criminal or Drug related incidents within the past three years? ____ Yes ____ No

If yes: Name _____ Date _____

You are applying for:

____ Section 8
____ Seybold Village / Mobility Impaired Required
____ El Centro / Elderly
____ Family Unification (through CYFD Only)

-----CERTIFIED STATEMENT-----

Section 35 (a) of the U.S. Criminal Code makes it a criminal offense, punishable by a maximum of ten years imprisonment, \$10,000 fine or both, to make a false statement or representation to any department of the U.S. as to any matter within their jurisdiction.

Knowing the penalty for making a false statement under the United States Criminal Code, I hereby certify that the above information is a true and full statement.

I understand that filing this application does not guarantee that I will be offered housing assistance.

SIGNED: _____ DATE: _____
HEAD OF HOUSEHOLD

SIGNED: _____ DATE: _____
SPOUSE

Instructions: All household members 18 years or older must sign below.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release and to verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This included records of my payment history, and any violation of my lease of PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status
Medical or Child Care Allowance
Residences and Rental Activity

Employment, Income and Assets
Credit History
Criminal Activity

GROUP OR INDIVIDUAL (S) THAT MAY BE ASKED

Previous Landlords (Including Public Housing)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Medical and Child Care Providers
Retirement System
Utility Companies
Credit Providers and Credit Bureaus

Past and Present Employers
Income Support Agencies
State Unemployment Agencies
Social Security Administration
Support and Alimony Providers
Veterans Administration
Banks and other Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand I have a right to notification of any adverse information found and a chance to disprove any incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; US Postal Service; Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

SIGNATURES

_____ HEAD OF HOUSEHOLD	_____ PRINT NAME	_____ DATE
_____ SPOUSE	_____ PRINT NAME	_____ DATE
_____ ADULT MEMBER	_____ PRINT NAME	_____ DATE

**BERNALILLO COUNTY HOUSING DEPARTMENT
1900 BRIDGE BLVD SW
ALBUQUERQUE, NM 87105
(505) 314-0200**

****All household members 18 years or older must fill out the information listed below and sign the form****

**AUTHORIZATION TO REVIEW RECORDS
(PRIOR CONVICTIONS, ARRESTS OR PENDING CASES)**

TO: All District Attorneys' Offices
Attention: Records Division

FROM: Bernalillo County Housing Department
1900 Bridge Blvd SW
Albuquerque NM 87105
(505) 314-0200 Office (505) 842-8149 Fax

I/We the undersigned give the representatives of the Bernalillo County Housing Department permission to review and obtain copies of all above referenced information filed with the District Attorney's Office on me/us.

I/We agree to indemnify and hold harmless Bernalillo County and the Bernalillo County Housing Department, and any of its employees, against any liability as a result of my representative(s) reviewing information on file with the District Attorney's Office.

The Bernalillo County Housing Department requests this data pursuant to the Public Records Act.

PRINTED NAME	MAIDEN NAME	DATE OF BIRTH	SOCIAL SECURITY #	SIGNATURE

LOCAL PREFERENCES:

Please check all that apply and attach proof of that preference to the application.

NOTE: No more than one preference can be given to each application...

_____ Active full-time participants in, or graduates of, educational and training programs designed to prepare individuals for the job market. 3 Point Preference
Welfare to Work Program, Career Works etc.
We need school records for verification. (Start date, #of class hrs, projected completion date).

_____ Working/Veterans Preference (4pts): An honorably discharged veteran or surviving spouse of an honorably discharged veteran will be eligible for this preference (a DD214 Discharge Record will be required). Families with at least one adult who is employed at least 30 hours per week for six months or a family that complete their educational or training requirements and gains employment within six week of completion of educational/training program (See Educational and Training Preference below). This preference is automatically extended to elderly families, or families whose head or spouse is receiving income based on their inability to work. This preference is also extended to disabled persons or families with a disabled member as defined in this Plan. Proof of disability will be required at time of selection. HUD regulations prohibit admission preferences for specific types of disabilities. 4 Point Preference

_____ Working full-time (30 hrs/week for the immediate past 6 months) or working part-time while attending educational and/or job skills training programs. 4 Point Preference
We need school/employment records containing start date, # of class hours, hours worked per week, rate of pay as applicable for verification. (PAY STUBS ARE NOT ACCEPTABLE)

_____ Elderly (62 years of age or older) 4 Point Preference
_____ Handicapped or Disabled (receiving SS, SSI or VA).

_____ Displaced by BC Code Enforcement 5 Point Preference
(Provide a copy of the Notice to Vacate certificate)